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Online Submission Form for the review of the Assisted Reproductive Treatment Act 1988 (SA)

Contact Details

Contact Name: Dr Jane Andrews (professor - but title not offered as an option)

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Preliminary Data

What is your association to assisted reproductive treatment?: as an experienced medical practitioner with an interest in health services delivery and models of care from a community perspective

If you belong to a company or organisation – what is the name of that organisation?: many (RACP, AMA, GESA, AACP, ECCO, AGA), but not relevant as comments made as an individual

Do you make this submission in your individual or professional capacity?: personal

If you live outside of Australia which country do you live in?: Australia

1. Please comment upon the requirement within the Act that the welfare of any child born as a consequence of assisted reproductive treatment (A.R.T.) is treated as being of paramount importance, and accepted as a fundamental principle, in respect of the operation of the Act, as well as

in the provision of assisted reproductive treatment.:

2. Please comment upon the replacement of the previous licensing scheme with a registration scheme for A.R.T. clinics

3. Please comment on the dissolution of the SA Council on Reproductive Technology and its Code of Ethical Clinical Practice.:

4. Please comment on the effectiveness and operation of the legislation regarding access to assisted reproductive treatment in South Australia. In particular, the conditions set out in the Act and in the regulations that relate to the circumstances in which, and to whom, A.R.T. may be provided.:

5. Please comment on the effectiveness and operation of the Act in relation to it providing for the establishment of a donor conception register.:

6. Please comment on the effectiveness and operation of provisions within the Act for record keeping and confidentiality.:

Any Other Matter: My main comment is that we need to ensure that publicly funded access to ART is limited to people with good health who are likely to have children with good health. This means limiting access by BMI (well documented risks to mother, pregnancy, infant and resulting child/adolescent from obese parent), smoking status (likewise this is based on data, not simply discrimination) and whether parent is in a stable union (again data support best outcomes for children in 2 "parent" household). We should NOT be offering children as a commercial supplied item simply because someone "wants" a child or feels "unfulfilled". We should be ensuring the best interests of the resulting child is put first and this also means community interest, by ensuring we do not assist people who are not optimally suited to become parents. People can choose to stop smoking, they can choose to deal with their weight, and they might just have to accept that they cannot parent if they do not meet criteria. We do NOT transplant livers to current drinkers - although this is an emotive area, we should maintain the same common sense. It is not a life and death issue, it is a want, not a need, and we have limited public health dollars to spend. So let's ensure we spend them wisely and are not embarrassed to have a robust discussion about who gets supported with ART, and who might need to get their life in order before access to it.